

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 594080

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		2		1		
4		2		1		
5		2		1		
6		2		1		
7	1		1			
8		1		1		
9		1		1		
10	1		1			
11		1		1		
12		1		1		
13		1		1		
14		1		1		
15		1		1		
16		6		1		
17		6		1		
18		6		1		
19		1				
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TOTAL IND.	4	↓	3	↓		↓
TOTAL DEP.	38	←	16	←		←
TOTAL CLAIMS	42		19			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						